

**18M**

EPSTD  
Screening Date

**200**

Member  
ID#

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# 18 Month Visit

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Historian \_\_\_\_\_

Age \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ inches Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ T R

## Nutrition

Whole milk yes no  
Weaned from bottle? yes no  
Appetite: good variable picky  
fruits \_\_\_\_\_  
veggies \_\_\_\_\_  
meats \_\_\_\_\_

Water: city well spring bottled  
WIC: Yes No

## History Update

Are there any changes in your family history?

No Yes \_\_\_\_\_

Has the patient had any new problems or illnesses since the last visit?

No Yes \_\_\_\_\_

## Problems / Parental Concerns

## Hearing/Speech

Hears well ? yes no  
Says 15-20 words yes no

## Vision:

Notices small objects yes no

## Developmental Screen\*

normal abnormal

Lead Risk Factors\* yes no

TB Risk Factors\* yes no

IPPD result \_\_\_\_\_

Lab Tests (record result from visits at 9-12 months, if done)

Hgb \_\_\_\_\_

Lead level \_\_\_\_\_

\*see separate form

## Physical Exam (UNCLOTHED Yes No)

✓ = nl

X = abnl

General ☐  
Head ☐  
Fontanel ☐  
Neck ☐  
Eyes ☐  
Red reflex ☐  
Alignment ☐  
Ears ☐  
Nose ☐  
Throat/Mouth/Teeth ☐  
Lungs ☐  
Heart ☐  
Abdomen ☐  
Femoral Pulses ☐  
Genitalia ☐  
Female ☐  
Male ☐  
Testes ☐  
Extremities ☐  
Hips/Gait ☐  
Spine ☐  
Skin ☐  
Neuro ☐

## Safety

- ☐ Car seat, facing forward
- ☐ Smoke detectors, no smoking in home
- ☐ Hot water < 120 degrees
- ☐ Child proof home
- ☐ Syrup of Ipecac, Poison Control #
- ☐ Water safety, supervise bath
- ☐ Close supervision
- ☐ Sun exposure

## Health/Nutrition

- ☐ Weaned from bottle?
- ☐ Whole milk until age two
- ☐ Limit juice, milk intake
- ☐ Picky appetites, self feeding
- ☐ Offer variety of foods
- ☐ Choking prevention
- ☐ Brushing teeth

## Social/Behavioral

- ☐ Set consistent limits, discipline
- ☐ Praise good behavior
- ☐ Time out, tantrums
- ☐ Toilet training
- ☐ Talk, read to child
- ☐ Day care, pre-school
- ☐ Family

## Impression

- ☐ Well Child, normal growth and development

## Plan/Referrals

- ☐ DTaP, IPV, Hib, Hep B, MMR, PCV-7, Var.
- ☐ Vaccine Information Sheet
- ☐ Acetaminophen \_\_\_\_\_ mg. q 4 hrs.
- ☐ Eighteen month Handout sheet
- ☐ RTC at 2 years
- ☐ Fluoride gtts. 0.25 mg daily
- ☐ Vitamin Drops with Iron

\_\_\_\_\_, M.D. / P.N.P.

- ☐ See back for additional documentation

Provider  
ID#

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